

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

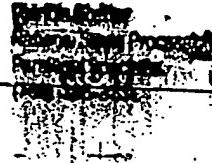
SERIAL NO 09/889105	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5	1	1	1	1		
6	1	1	1	1		
7	1	1	1	1		
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9	1	1	1	1		
10	1	1	1	1		
11	1	1	1	1		
12	1	1	1	1		
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TOTAL IND.	3		3			
TOTAL DEP.	14	↓	13	↓		
TOTAL CLAIMS	14	↓	13	↓		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS



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